



**Department of Solid Waste**  
**DRIVER VEHICLE INSPECTION REPORT**

Driver Name:		Truck No.:	Date:
Start Mileage:	Hours:	Ending Mileage:	Hours:

**Important:** Driver must keep vehicle clean and washed, cab free of debris and bottles. **X = Needs Attention / = No Attention Required**

**TRIP INSPECTION**

PRE-TRIP	POST-TRIP	PRE-TRIP	POST-TRIP
<input type="checkbox"/> Tires, Wheels, and Rims	<input type="checkbox"/>	<input type="checkbox"/> Camera / Strobe Light	<input type="checkbox"/>
<input type="checkbox"/> Engine Oil, Fuel & Coolant	<input type="checkbox"/>	<input type="checkbox"/> Backup Alarm	<input type="checkbox"/>
<input type="checkbox"/> Service Brakes & Connections	<input type="checkbox"/>	<input type="checkbox"/> Windshield Wipers	<input type="checkbox"/>
<input type="checkbox"/> Parking Brakes	<input type="checkbox"/>	<input type="checkbox"/> Rear Vision Mirrors	<input type="checkbox"/>
<input type="checkbox"/> Steering	<input type="checkbox"/>	<input type="checkbox"/> Coupling Devices	<input type="checkbox"/>
<input type="checkbox"/> Horn(s)	<input type="checkbox"/>	<input type="checkbox"/> License Plate, Registration	<input type="checkbox"/>
<input type="checkbox"/> Instrument and Gauges	<input type="checkbox"/>	<input type="checkbox"/> Drain Air Tank Daily	<input type="checkbox"/>
<input type="checkbox"/> Lights and Reflectors	<input type="checkbox"/>	<input type="checkbox"/> Vehicle Damage	<input type="checkbox"/>
<input type="checkbox"/> Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/> Water Meter and Hose	<input type="checkbox"/>

**VEHICLE CONDITION REPORT**

<p><b>Tires, Wheels, Rims</b></p> <input type="checkbox"/> Flat <input type="checkbox"/> Low Air Pressure <input type="checkbox"/> Marginal Tread <input type="checkbox"/> Loose Lug Nuts <input type="checkbox"/> Cracks, Cuts or Damage <input type="checkbox"/> Hud Oil Leaks <input type="checkbox"/> Other  <p><b>Instruments and Gauges</b></p> <input type="checkbox"/> Air Pressure Gauge/ Alarm <input type="checkbox"/> Amp Meter/Volt Gauge <input type="checkbox"/> Temperature Gauge <input type="checkbox"/> Oil Pressure Gauge <input type="checkbox"/> Speedometer / Horn <input type="checkbox"/> Windshield Wipers / Washers <input type="checkbox"/> Other	<p><b>Engine</b></p> <input type="checkbox"/> Coolant Leaks <input type="checkbox"/> Fuel Leaks <input type="checkbox"/> Oil Leaks <input type="checkbox"/> Overheats <input type="checkbox"/> Noises <input type="checkbox"/> Smoking <input type="checkbox"/> Other  <p><b>Lights</b></p> <input type="checkbox"/> Headlights <input type="checkbox"/> Stop & Tail Lights <input type="checkbox"/> Turn Signals <input type="checkbox"/> Other	<p><b>Brakes</b></p> <input type="checkbox"/> Service Brakes <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Pulls to Left or Right <input type="checkbox"/> Air Leaks <input type="checkbox"/> Other  <p><b>Cab/ Chassis</b></p> <input type="checkbox"/> Battery Box / Cover <input type="checkbox"/> Doors / Mirrors <input type="checkbox"/> Heater / Defroster <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Coupling Device <input type="checkbox"/> Triangle / Seat Belts <input type="checkbox"/> Micro Switches <input type="checkbox"/> Other	<p><b>Steering</b></p> <input type="checkbox"/> Loose <input type="checkbox"/> Shimmy <input type="checkbox"/> Steers Hard <input type="checkbox"/> Pulls to Left or Right <input type="checkbox"/> Other
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**I have performed the above Pre/Post Trip Inspection and each item is in proper working order or I have noted the defects.**

Pre-Trip Driver Name	Time	Date	
Post-Trip Driver Name	Time	Date	
Comments (be specific):			
Section Signature	Date	Driver's Signature	Date